Welcome to our first newsletter! We hope to publish the newsletter four times per year from 2005 onwards!

AWARD FOR JULIA BOHLIUS!!

COCHRANE REVIEW UPDATE INCENTIVE SCHEME

The UK Department of Health (DH) has agreed to offer incentive payments in the coming year in relation to a number of review updates. This payments shall facilitate and/or accelerate the updating of reviews.

14 proposed reviews were recommended to DH for award of incentive payments (£5,000).

One of these reviews is within the scope of the Haematological Malignancies Review Group, written by Julia Bohlius et al.: Recombinant human erythropoietin in the treatment of patients with malignant disease has been selected for this award

Congratulations!!!

FUNDING

We were successful in securing funds from the BMBF (German Federal Ministry of Education and Research) for one more year from November 1, 2004 until 31 October 2005 for a full-time review group co-ordinator.

Two new applications to secure funding for the consumer-coordinator position and the trials search co-ordinator have been prepared and submitted. Outcome pending.

PAPER RE-PUBLICATION: JNCI AGREEMENT

The Journal of the National Cancer Institute (JNCI) will publish CHMG reviews submitted to the Cochrane Library without having to undergo an additional round of peer review. The biomedical journal Cancer Treatment Review is inviting reviewers to publish reviews that have already appeared in The Cochrane Library.

The Cochrane Haematological Malignancies Group (CHMG) is part of the German Competence Network Malignant Lymphomas project and one of 50 groups that are part of the Cochrane Collaboration.

The editorial base is in Cologne, Germany. Reviews produced by the CHMG cover health care interventions in the area of defined haematological malignancies using randomised controlled trials (RCT) evidence.
EDITORIAL TEAM

NEWS FROM THE EDITORIAL BASE
Gail Higgins, the former trials search co-ordinator, left the group and went to the Cochrane Cancer Network to take on a new challenge. This is a considerable shortfall for the editorial base of the group to which she has substantially contributed for about two years. Thank you very much and all the best! Kathrin Gitman will take on the role of part-time TSC until further notice. Her contact E-mail address is Kathrin.Gitman@zbmed.de

Julia Bohlius obtained a MPH degree at the London School of Hygiene and Tropical Medicine and rejoined the group again in September 2004. Moreover she is now Assistant Co-ordinating Editor.

HANDSEARCHERS
Two medical students assist the CHMG to identify additional resources for the specialised trials register and have undergone specific handsearching training.

What they have handsearched:
- Blood 1990 76 (10) Suppl 1 [23rd Annual Meeting ASH, 1990]
- Bone Marrow Transplantation 2003 31, Suppl 1 [EBMT Proceedings 2003]
- Bone Marrow Transplantation 2002 29, Suppl 2 [EBMT Proceedings 2002]

NEW DATABASE OF THE CHMG
The CHMG specialised register is currently being developed. Searches of the specialised register can be arranged by contacting the Trials Search Coordinator. The register is also available for searching on the Cochrane Central Register of Controlled Trials (CENTRAL) in the Cochrane Library by using the term SR-HAEMATOL.

BECOMING A REVIEWER FOR THE CHMG
If you are interested in preparing and maintaining a review for the CHMG please contact our Review Group Co-ordinator Thilo Kober (thilo.kober@uk-koeln.de) for a copy of the editorial policy document and to discuss possible topics.

IMPROVING SUPPORT FOR REVIEWERS
At the editorial base, we are aware of the amount of hard work that goes in to producing a review. Therefore we are committed to giving as much assistance as possible to reviewers. Support and advice is available from the CHMG editorial team throughout the review process, from title development to publication of the full review and preparation of the review’s updates.

As well as maintaining the specialised trials register, the CHMG can assist its reviewers whilst they perform systematic searches for their reviews, e.g. by advising which sources to consult or by performing electronic searches in-house for them.

The Cochrane Centres organise regular and free training and educational opportunities for reviewers (page 4). Moreover The Cochrane Collaboration has developed open learning materials for reviewers. These are designed to accompany the Cochrane reviewers handbook, have been approved by the Handbook Advisory Group and help you gain the skills you need to complete your review. The open learning modules can be downloaded from the Internet at http://www.cochrane-net.org/openlearning/

For the latest issue of COCHRANE NEWS, which gives more information on general Cochrane matters please see
http://www.cochrane.org/newslett/index.htm
http://www.cochrane.org/newslett/ccinfo/index.htm

PUBLICATIONS
Has one of your Cochrane reviews been published in another format, such as a journal article, or been included in any local, national, or international guidelines? Then please let us know by contacting thilo.kober@uk-koeln.de
NEW REVIEWS, PROTOCOLS AND TITLES IN ISSUE 4, 2004

The Haematological malignancies Group currently has 6 published reviews, 16 published protocols and 18 registered titles

NEW REVIEW

SYNOPSIS
Platelet transfusions are used in modern clinical practice both to prevent and treat bleeding in patients with low platelet counts due to bone marrow failure. This review was undertaken to determine the best use of platelet transfusion for the prevention of bleeding (prophylactic platelet transfusion) in patients who have haematological malignancies and are receiving intensive chemotherapy or stem cell transplantation. The review aimed to look at two main topics. One, what is the evidence to indicate if platelet transfusions should be given to prevent bleeding as compared to a strategy aimed at transfusion when bleeding occurs? Second, if platelet transfusions are given to prevent bleeding, when should they be given, for example, at what level of platelet count when measured in a blood sample? The reviewers found that there is uncertainty about the practice of prophylactic transfusion therapy. New studies may be needed to better answer these two questions, particularly in view of concerns about the safety and cost of blood and the scenario that blood products, including platelets, could become an increasingly scarce resource in the future.

Thank you to everyone for the hard work that has gone into this!

TIMETABLE
WORKSHOPS
For upcoming Cochrane Workshops worldwide, please see http://www.cochrane.org/news/workshops.shtml
Workshops offered by Cochrane Centres:

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MEET THE CHMG

46 TH ASH ANNUAL MEETING
December 4-7, 2004 San Diego, California

Each December, the Society’s annual meeting provides hematologists from around the world a forum for discussing critical issues in hematology. Nearly 20,000 clinicians, scientists, and others attend the four-day meeting, which consists of a superb educational program and cutting-edge scientific sessions.

6. ANNUAL MEETING OF THE
GERMAN NETWORK EbM e.V.
03.-05. March 2005 Berlin, Germany

HOT TOPICS

THE NEW INFORMATION
MANAGEMENT SYSTEM (IMS)

In 2005, the Cochrane Collaboration will gradually introduce a new Information Management System (IMS) to improve the process of publishing your reviews. ModMan, as the stand-alone application we know, will no longer exist. The new IMS is an internet-based system that among other things will support Cochrane Collaborative Review Groups (CRGs) in preparing, maintaining and publishing Cochrane reviews. It will require small changes in the way review authors work, but will provide big benefits. The main changes to the way Cochrane protocols and reviews are to be managed, will be dealt with at the CRG level. As a review author, you will basically continue to prepare and maintain protocols and reviews as you do now. To facilitate a smooth transition, the Cochrane Collaboration we will make available the necessary training and support in the form of workshops and manuals. The overall advantage of the new IMS being internet-based is that the data will no longer be spread around several small pc-based systems. All the important information will be kept in one place and will be available to the people who need access in order to support the preparation, maintenance and publication of Cochrane reviews.
• There will be a central check in/check out system, leading to easier sharing of your reviews
• You will be able to send reviews directly from RevMan
• Central archiving and backup will protect you from data loss

NEW ADDITION TO REVMAN 4.2: I2

A test for statistical heterogeneity. Assessing statistical heterogeneity: chi2 or I2?
Julian Higgins (First published in the Cochrane Methods Group Newsletter – June 2003)

A generally desirable attribute for a meta-analysis is that the results of the studies agree. This may be important irrespective of how clinically or methodologically diverse the studies are. For example, consistent results across studies in different populations, with different methodologies and with slight variations on the outcome definition can add considerable weight to the generalizability of the findings. In statistical terms, we define consistency across studies in terms of homogeneity. We say there is homogeneity of effect across studies if every study is estimating the same magnitude of effect (for example a common odds ratio or a common standardised mean difference). Whenever homogeneity does not exist, we say there is heterogeneity. This article discusses how we could assess heterogeneity in a particular meta-analysis.

The traditional test: chi2

Meta-analysis in Cochrane reviews, RevMan or MetaView include a statistical test that aims to answer the question of whether studies have homogeneous effects. This is displayed in a meta-analysis, for example, as:
Test for heterogeneity: chi-squared = 12.44, df = 7, p=0.09

In this case, the test produces a chi-squared value of 12.44 on 7 degrees of freedom (df), the latter obtained as the number of studies minus one. (In the example, there were eight studies). The resulting p value is 0.09, which would not be deemed statistically significant using the conventional cut off of 0.05. Is this a useful test? A well known problem with the test is that it typically has low power, meaning that it is unlikely to yield a statistically significant result when there is genuinely some heterogeneity of effect. This is because it is difficult to demonstrate variation across studies when there aren’t many of them. Thus a nonsignificant test result should not be taken as evidence of homogeneity. A more fundamental problem, however, concerns the whole notion of testing for heterogeneity. Since systematic reviews inevitably bring together
studies in different populations, in different settings, using different methods, with different outcome definitions (and the list goes on …) we might reasonably always expect heterogeneity of underlying effects to be present. In that case we shouldn’t be interested in determining whether heterogeneity is present, but instead should focus attention on how large it is and how much it impacts on the conclusions of the review.

The new addition in RevMan 4.2: I²
RevMan 4.2 supplements the test for heterogeneity with a new quantity that describes the impact of heterogeneity on the meta-analysis. The quantity is called I² and it is displayed thus:

Test for heterogeneity: chi squared = 12.44, df=7 (p = 0.09), I² = 44%

I² measures the degree of inconsistency across studies. It is calculated as follows:

\[ 100\% \times (\text{chi}^2 - df)/\text{chi}^2 \]

Its lowest possible value is 0% and its highest is 100%. It may be interpreted approximately as the proportion of total variation in the observed results of the studies that may be explained by heterogeneity, rather than by chance variation. This, if I² = 0%, then there is no apparent heterogeneity, whereas in the example I² = 44% , almost half of the variability in effect estimated was due to genuine variation in the underlying effects. In practice, I² will never reach 100% but values in excess of 70% would usually inspire particular caution in interpreting a meta-analysis.

Some useful properties of I² are:
- I² may be bigger than zero even if the test result is not statistically significant.
- I² will be bigger than zero if, and only if, a random effects meta-analysis differs from a fixed effect meta analysis.
- Larger values of I² indicate greater heterogeneity, and less easily generalized conclusions.

To read more about I², see: Higgins JPT, Thompson, SG, Deeks, JJ, Altman DG, Measuring inconsistency in meta-analyses. BMJ 2003; 327 557-560

SUBMISSION DATES
Please remember that editorial processing takes at least 8 weeks, and that any items should be sent to us in plenty of time. Obviously the sooner you can get things sent to us the better.

Deadlines for submitting items for the next libraries:

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